

Idaho State Dept. of Education

Application for Supplemental Service Providers

This application form was adapted from the SEA Toolkit on Supplemental Educational Services developed by the Council of Chief State School Officers (CCSSO) and the Education Quality Institute (EQI).

Instructions:

1. Please review and follow all directions carefully when completing this application.
2. Applications must be completed in this format on a word processor in Times New Roman font size 12. Narrative sections must be double-spaced.
3. Abide as closely as possible by the required page limits, and do not add supplemental material beyond what is specifically requested.
4. Services offered must be related to academic interventions using research-based curriculum and instructional practices in reading and math.

Contacts for Questions:

Debra Pfost, Title I Coordinator: Phone (208) 332-6905 or Email dmpfost@sde.idaho.gov

Margo Healy, Title I Director: Phone (208) 332-6963 or Email mjhealy@sde.idaho.gov

Deadline to be received by the SDE office:

New applicants must submit an annual application for the upcoming school year by May 1.

Previously approved applicants must submit a letter seeking continued approval including any changes in the original application and supporting evidence submitted by May 31 after the ISAT tests are completed. Applicants will receive notification of status by July 15 and if approved, will be posted on the SDE website by August 1. Approval is granted on a year-to year basis, based upon evidence of effectiveness from the provider and the school districts.

Additional reviews will be scheduled on an *as needed* basis throughout the school year.

Submit an electronic application in WORD by email and three hard copies by postal mail to:

Debra Pfost
Title I Coordinator
PO Box 83720
Boise, ID 83720-0027
dmpfost@sde.idaho.gov



I. Basic Program Information *(Limit 6 Pages)*

1. Program Name	
2. Federal EIN or Social Security Number	
3. Subject Areas Covered	<i>Please list all major subject areas you address in working with students.</i>
4. Date SSP Formed	<i>Please list the date (month, year) in which you first delivered supplemental educational services to students.</i>
5. Grade Levels Currently Served	<i>Please list the grade levels of your students.</i>
6. Grade Levels Able to Serve	<i>Please list the grade levels you would be able to serve in the coming academic year.</i>
7. Number of Students Currently Served	<i>Please give the number of students you currently serve, by grade level.</i> <i>Give total # of students who completed services in past year</i> <i>Give total # of students enrolled who did not complete services</i>
8. Maximum Number of Students Able to Serve	<i>Please provide an estimate of the maximum number of students in this state that you will be able to serve next year while maintaining quality service and results.</i>
9. Service Area	<i>Please list the district(s) and school(s) in which you are able to provide services.</i> District(s): School(s):

10. Geographic Setting	<p><i>Check the setting(s) in which you have provided services to students in the past.</i></p> <p><input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Suburban</p>
11. Place of Service	<p><i>Check the location(s) that best describes where you deliver services to students.</i></p> <p> <input type="checkbox"/> School <input type="checkbox"/> Business <input type="checkbox"/> Place of religious worship (e.g., church, synagogue, mosque, temple) <input type="checkbox"/> Community center <input type="checkbox"/> Your home <input type="checkbox"/> Student's home <input type="checkbox"/> On-line <input type="checkbox"/> Other: _____ </p>
12. Specific Student Populations Served	<p><i>If your organization has provided supplemental services to any of the following groups, please check the corresponding box.</i></p> <p> <input type="checkbox"/> Low-income students <input type="checkbox"/> Minority students <input type="checkbox"/> Migrant students <input type="checkbox"/> Limited English proficient students </p> <p style="padding-left: 40px;"> Indicate particular language(s) with which you have expertise _____ Indicate ability to communicate with parents in another language (s) _____ </p> <p> <input type="checkbox"/> Special education students <input type="checkbox"/> Other: (describe) _____ </p> <p><i>Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.</i></p>
13. Type of Organization	<p><i>Check the category that best describes your organization.</i></p> <p> <input type="checkbox"/> For profit <input type="checkbox"/> Not for Profit <input type="checkbox"/> School Entity <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Individual </p> <p>Other (describe) _____</p>

14. Time of Service	<p><i>Check the time(s) that best describe when you deliver services to students. (<u>Minimum time required is 4 hours per week.</u>)</i></p> <p> <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Weekends <input type="checkbox"/> Summer <input type="checkbox"/> Other: _____ </p>
15. Mode of Instructional Delivery	<p><i>Please describe the methods in which your program delivers instruction to students (i.e., on-line/web-based, individual tutoring, small group instruction, etc.) <u>Please indicate if services are only available on-line.</u></i></p>
16. Student/Instructor Ratio	<p><i>List the ratio of instructors to children in your program. (<u>Maximum limit of 5 students per instructor is required.</u>)</i></p> <p>_____ Students for every 1 instructor</p>
17. Cost	<p><i>Provide an average per pupil cost; per unit of service (please describe the length of a typical unit of service (i.e., one hour, one month, one semester, one year, etc.) OR provide a <u>specific</u> description of your pricing structure.</i></p>
18. Transportation	<p><i>Provide information about accessibility to public transportation from your site or if you provide transportation.</i></p>
19. Incentives	<p><i>Please describe any incentives used to market your program or to reward student attendance or achievement. (<u>Financial incentives or gifts provided to parents or students for enrolling in a specific program or switching enrollment to another program is strictly prohibited.</u>)</i></p>

II. Indicators of Quality

A. Evidence of Effectiveness (*Limit 4 Pages*)

Provide descriptions of your program's evidence of effectiveness using the following indicators. Please cite all sources of evidence.

These indicators are listed in order of priority, with strongest consideration given to evidence of positive impact on student achievement on state, district or other nationally available tests, particularly for low-income underachieving students and diverse populations. Evidence of positive impact on additional outcomes will also be considered (e.g., school grades, family/parent satisfaction, student discipline, student attendance, and/or retention/promotion rates), as well as provider-conducted studies, database information on student outcomes, and other sources of evidence. However, please note that priority will be given to third-party, independent research (see the U.S. Department of Education web site on scientifically based research [SBR] for more guidance:

[Http://www.ed.gov/offices/OESE/esea/research/index.html](http://www.ed.gov/offices/OESE/esea/research/index.html)).

If yours is a newly developed program, you will not have a record of effectiveness to draw upon. In this case, you may apply for *conditional approval*. For conditional approval, we will weigh heavily the indicators in Part B. If approved, you would be listed with other new programs that sought "Year 1 Conditional Approval."

You must provide evidence of effectiveness addressing all indicators below in this category in order to be approved.

1. Provide evidence that your program has a positive impact on student achievement on state, district and/or another independent, valid and reliable performance test, particularly for low-income, underachieving students and diverse populations (cite available research studies). *Student performance on the ISAT must be used as one measure of success, if applicable.*
2. Provide evidence that your program has a positive impact on student performance using a measure that is not national or statewide (i.e. a test you developed) OR using school grades, homework completion, or school/teacher administered subject area test (cite available research studies).
3. Provide additional evidence of improved outcomes, such as student attendance, retention/promotion rates, graduation rates, family/parent satisfaction, and/or student behavior/discipline (cite available research studies).

B. Evidence of Links Between Research & Program Design (*Limit 2 pages*)

Your application in this area will be evaluated based on the extent to which you are able to clearly and specifically explain how the key instructional practices and major design elements of your program are (1) high quality, (2) based on research, and (3) specifically designed to increase student academic achievement.

For SES providers that offer reading instruction, the findings of the National Reading Panel (<http://www.nationalreadingpanel.org/>) must be addressed by the program design. If math instruction is provided, include information about high quality, scientific based research (SBR) curriculum and instructional practices.

1. Explain the theoretical and empirical rationale behind major elements of your program (research citations must be included). Examples of “major elements” may include mode of instruction, class size, time on task, etc. Clearly describe your curriculum and explain how the instructional strategies used are supported by scientific based research (SBR).

C. Connection to State Academic Standards and Districts’ Instructional Programs (*Limit 2 pages*)

Your application in this area will be evaluated based on the extent to which you are able to clearly and specifically describe your program’s connection to state academic standards and district(s) instructional program(s). *The state standards can be found at <http://www.sde.state.id.us/instruct/standards/default.htm>*

Your description should address both of the following indicators.

1. Describe your program’s connection to specific state academic standards. When possible cite the specific standards your program addresses.
2. Describe your program’s connection with the instructional program(s) of the district(s) in which you intend to operate. Cite the specific district program(s) and describe the connection.

D. Monitoring Student Progress (*Limit 2 pages*)

Your application in this area will be evaluated based on the extent to which you clearly describe the specific programs and practices you use to diagnose a student’s needs, prescribe an instructional program to meet that student’s needs, and evaluate and monitor that student’s progress towards clearly identified goals. *Student performance on the ISAT must be used as one measure of success, if applicable.* Your description should address all of the following indicators.

1. Describe the specific process you use to assess/diagnose student needs, identify skill or knowledge gaps, and prescribe an instructional program based on the student's individual needs.
2. Describe the specific process you use to evaluate, monitor, and track student progress on a continuous and regular basis. If your program is only offered on-line, explain with specifics how you accomplish this.
3. Describe how you develop a timetable for each student's achievement gain that includes clear goals for the student.

E. Communication with Schools and Districts (*Limit 2 pages*)

Your application in this area will be evaluated based on the extent to which you can demonstrate a clear link between the academic programs a student experiences in the regular school day and the instruction and content of the supplemental educational program you provide. Clearly explain the specific methods, tools, and processes you use to communicate student progress to schools and describe how you ensure a connection between the school program and your own services. Your description should address both of the following indicators.

1. Describe how you ensure a connection between your instructional program and the program in place at your students' school(s). If your program differs from the district's prevailing instructional or curricular approach, explain why it differs and how it meets student academic needs.
2. Describe the specific procedures you use to report on student progress to your students' teacher(s) and appropriate school or district staff and state how often you use this procedure. If your program is only offered on-line, explain specifically how you accomplish this.
(*Monthly reports are the minimum required.*)

F. Communication with Parents and Families (*Limit 3 pages*)

Your application in this area will be evaluated based on the extent to which you can demonstrate a consistent and specific process for providing parents and families of your students with information on the progress of their child in increasing achievement, and providing that information in a format and language that parents can understand. Clearly explain what methods, tools, and processes you use to communicate student progress to your students' parents and families. Your description should address the all indicators below in this category.

1. Describe the specific procedures you use to report on student progress to your students' parents/families and state how often you use this procedure. (*Monthly reports are the minimum required.*)
2. Describe your process for resolving any disputes or conflicts you or your staff may have with parents.
3. Describe your services to parents and how you involve parents in creating timetable/goals for their child's academic progress.
4. Describe how you work to accommodate the needs and schedules of working parents.
5. Are parents required to participate in the service you provide? If yes, describe their expected role and how you work with parents to explain this role.
6. Do you train staff to work with parents? If yes, please describe this training (include an explanation of the content, to whom and when it is offered).
7. Are you able to provide information to parents and families in languages other than English? If so, which languages?
8. What is your process for addressing student non-attendance issues?

G. Qualifications of Instructional Staff (*Limit 2 pages*)

Your application will be evaluated based on the extent to which you offer strong evidence of highly qualified staff and have demonstrated a commitment to ongoing professional development and improvement of your own products and services.

You may use the following as sources of evidence:

- ✓ The amount and quality of training provided to program staff;
- ✓ Years and level of work experience, particularly in working with Title I students;
- ✓ Highest degree attained; and/or
- ✓ Certification of staff.

If you employ fewer than 5 staff members or are an individual provider, please submit a resume for each staff member (outlining employment experience, professional development experiences, and professional affiliations). If certified, please enclose a copy of the current certification.

Your description should address the all indicators below in this category.

1. Describe your staff's specific qualifications to provide high quality supplemental services in academic interventions for at-risk populations (see instructions above for a list of possible evidence of staff qualifications).

2. Describe your (and/or your staff's) experience in working with Title I students and diverse populations.
3. Describe professional development you (and/or your staff) attend to improve your instruction, products, and services (include an explanation of the content, to whom and when the training is/was offered).
4. Describe your process for recruiting and hiring high quality staff, offering ongoing training opportunities, and regularly reviewing staff performance.

H. Financial and Organizational Capacity (*Limit 2 pages*)

Your application will be evaluated based on the extent to which you offer strong evidence of your capacity to deliver quality services over time and at scale.

You may use the following as sources of evidence:

- ✓ Copies of business license or formal documentation of legal status with respect to conducting business in the state (and district(s), if applicable);
- ✓ Contracts, warranties, or guaranties for services provided;
- ✓ Proof of liability insurance (company name and policy number, or a copy of the policy cover page);
- ✓ A description of how the provider currently receives funds (i.e. grants, fees-for-service, etc.);
- ✓ Audited financial statements;
- ✓ Credit ratings from an independent rating agency;
- ✓ Business plans or profiles that might include: goals, timelines and expected outcomes; detailed action steps; descriptions of financial and staff resources; organizational budgets that accounts for revenues and expenses and cash flow activity; and outlines of roles and responsibilities of staff within the organization.
- ✓ Descriptions of an experienced management team (e.g. CEO, CFO, COO, Marketing Director, Director of Staff Development, etc.) and senior staff members who help set direction and maintain a leadership system.
- ✓ Samples or descriptions of formal contract, data collection, accounting, and communications processes and systems.

Your description should address the first indicator below if you are an organization, or the second indicator if you are an individual provider, and other indicators, if applicable from this category.

1. Submit evidence demonstrating that your organization is financially sound. Your evidence may include: a description of how you currently received funds (i.e. grants, fees-for-service, etc.); audited financial statements; credit ratings from an independent rating agency; organizational budgets that account for revenues, expenses and cash flow activity; and/or proof of liability insurance (include company name and policy number, or a copy of the policy cover page).
2. Being financially sound means being able to prove that you are able to do the following:
 - (a) Hire and pay the teachers/tutors to provide the supplemental services,
 - (b) Bill for the hours of service provided
 - (c) Collect the funds for services provided
 - (d) Cover overhead costs
 - (f) Do all the above at a profit, in order to be an on-going entity

Meeting the criteria listed above requires evidence of these things:

- (1) A business or sole proprietor that has experience in or understands how to run a business and the processes associated with billing, collections, payables, and payroll.
 - (2) An entity that has the working capital (liquidity) to cash flow the process of billing for and the collection of funds for services provided, paying employees (or oneself), paying for overhead such as rent, supplies, etc. This may be evidenced by a current ratio (current assets to current liabilities) of at least 1.25 to 1.
 - (3) Net worth, as a company or an individual, sufficient to weather the ups and downs of the business cycle in order to be an ongoing entity. This may include net worth sufficient to obtain an operating loan if necessary to help cash flow day-to-day operations.
 - (4) A debt coverage ratio high enough to show that the entity has some cushion (financially) before it is unable to meet its obligations. This may be a ratio of 1.25 to 1 (showing that there is \$1.25 of income for every \$1.00 of debt).
3. Submit evidence demonstrating that your organization has a sound management structure. Your evidence may include: business plans or profiles, descriptions of an experienced management team (e.g. CEO, CFO, COO, Marketing Director, Director of Staff Development, etc.) and senior staff members who are involved in setting direction and maintaining a leadership system that enables students to reach high standards.
 4. Submit evidence demonstrating that your organization possesses adequate organizational resources to meet consumer demand. Your evidence may include: business plans or profiles, descriptions of financial and staff resources.
 5. Do you issue contracts, warranties, or guarantees for services provided? If yes, please describe this process and submit a sample document.
 6. Do you maintain formal contract, data collection, accounting, and communications processes and systems? If yes, please describe these systems.

7. Submit copies of business license or formal documentation of legal status with respect to conducting business in the state.

I. Compliance with Federal, State and Local Health & Safety Standards (*Limit 1 page*)

Your application will be evaluated based on the extent to which you comply with federal, state and local health and safety standards. Your description should address all of the following indicators if you are an organization, and the first two indicators if you are an individual.

1. Do you conduct criminal background checks on all employees before hiring? (Check one.) *Please submit supporting documentation as evidence. If you are teacher employed by a school district, you may use the one required by your district.*

☐ Yes ☐ No

2. Describe the location and environment in which your services are provided.
3. Describe and submit a copy of all required licenses and/or certifications for health and safety.
4. Describe your safety record and procedures.

J. Compliance with Federal, State and Local Civil Rights Protections

Your application will be evaluated based on the extent to which you comply with federal, state and local civil rights protections for program employees *and* participants. It should be noted that providers who are religiously affiliated are prohibited from refusing to hire otherwise qualified tutors or denying students who are not of that religion. SES providers must ensure that instruction is secular, neutral and non-ideological. **Please read and sign the attached assurances page for compliance with these laws.**

Assurances

All of the following assurances are required of all applicants proposing to become Supplemental Educational Services Providers in the State of Idaho. Applications without signed assurances will be returned without review. **Please initial each assurance; sign and complete “representative” information at the end of the assurances and return these sheets as part of the completed application.**

As the duly authorized representative of this applicant, I certify compliance with each of the following assurances:

____ Provider certifies that it has not been removed for cause from any list of approved supplemental educational services during the preceding two years.

____ Provider assures that the instruction provided is secular, neutral, and non-ideological.

____ Provider agrees staffing, fiscal, equipment, and facility resources of the organization will be in compliance with all applicable federal, state, and local health and safety laws.

____ If instruction will occur at a facility other than a student’s school or residence, provider certifies that its facility(ies) meets all applicable federal, state, and local health and safety laws.

____ Provider agrees that all student information shall be kept confidential except as necessary to inform parents/guardians and appropriate school staff.

____ Provider agrees to comply with all applicable federal, state, and local health, safety, and civil rights laws.

____ Provider agrees that financial incentives or gifts provided to parents or students for enrolling in a specific program or switching enrollment to another program is strictly prohibited.

____ Provider agrees to abide by the conditions set forth in the contract with the LEA, including the payment schedule, rates, and any facility user fee arranged with the LEA, that are in compliance with Section 1116(e)(3) and (6) of NCLB pertaining to agreements and amounts for supplemental educational services.

____ Provider agrees to participate in the monitoring and evaluation process as defined by the Idaho State Department of Education.

____ Provider agrees to provide to each LEA with which it contracts written proof of current liability insurance coverage and other necessary insurance in the type and amount required by the LEA.

____ Provider agrees to comply with rules of each LEA with which it contracts related to providing staff background checks and fingerprinting for those employees providing direct services to students.

Provider agrees to submit to the Idaho State Department of Education by October 1 each year an annual end-of-fiscal-year report.

____ Provider agrees to maintain for three (3) years records to support the annual end-of-fiscal-year report to the Idaho State Department of Education.

____ Provider agrees to notify the Idaho State Department of Education of changes in its status, per Sections 4 (liability insurance), 5 (legally constituted to do business in Idaho), 6 (resources compliance with program regulations and applicable laws), 7 (fiscal soundness), or 8 (facility certification).

Signature of Applicant's Representative

Date

Name of Applicant's Representative (Please type or print clearly)

Title or Position of Applicant's Representative

Name of Applicant Agency

K. Other Considerations. (Limit ½ page)

If you have other considerations you would like the SEA to review when considering your application, please provide them in narrative form. *This section is optional.*

L. References

Provide letters of reference from previous clients (families, schools, districts, students, teachers, etc.) offering testimonial information on the positive impact of your program. Provide contact information, start and end dates of service provided, and school and school district name for each reference. *(Submit a minimum of 5 letters and a maximum 10).*

